



# How to use your flexible spending accounts (FSA)

## UnityPoint Health

Understanding your health plan doesn't have to be hard. We're here to help you understand how everything works and get the most from your plan and reimbursement account.

### What is a flexible spending account (FSA)?

A healthcare, limited use, and dependent care FSA, are benefits sponsored by UnityPoint Health. You get to set aside money with a deposit from your salary before taxes are taken out. This lowers the pay you're taxed on and the taxes you owe, which increase your take-home pay. Then, you can use the pre-tax money to pay for eligible expenses like:

- Health care
- Vision and dental care
- Dependent care

The type of reimbursement account you have determines what expenses are eligible. For example, you might be able to use it for your out-of-pocket medical expenses with a healthcare FSA, or for childcare needs with a dependent care account. Depending on your health plan, you could have more than one account.

### How much can I put in?

One thing to think about when you sign up for a flexible spending account, or when you are starting a new plan year, is how much you should put in from your pay. These amounts are limited by law. The limits for 2022 are:

- Health care or limited use FSA - \$2,750
- Dependent care FSA - \$5,000 for a single person or married filing jointly, and \$2,500 for married filing separately

## How do I figure out how much to put in?

Grab your health care statements, day care invoices and other eligible expense receipts from the last year. Add up what you spent and think about any changes you plan on in the coming year. Are you having a baby and will need day care? Or planning a surgery? Those are expenses you can plan for and save some money. Based on what you spent last year and any changes you expect, choose the amount you'd like to put in your healthcare reimbursement account.

## What if I have a health plan with a health savings account (HSA)

A reimbursement account can be offered with any medical or dental plan. However, according to IRS rules, if you contribute to an HSA you can only sign up for a limited use FSA; not a health care FSA. A limited use FSA only reimburses expenses for vision and dental services.

UnityPoint Health allows you to sign up for a reimbursement account even if you don't have your company's health plan. You just need to meet any of UnityPoint Health's eligibility requirements for the account.

## What happens to my account if I leave my job?

There's an option to continue the same health care coverage after you leave your job. This is called COBRA. If you qualify for COBRA on your health FSA, you can still use it for eligible expenses. If you don't, all expenses need to take place before you leave your job. The deadline for sending in claims that were incurred prior to you leaving is March 31, 2023.

A dependent care FSA can't be continued through COBRA. If you leave your job and have funds in your account you can elect to keep using your Plan until the end of the Plan Year. Claims must be for childcare expenses for an eligible dependent that allows you to work or look for work. The deadline for sending in eligible claims is March 31, 2023.

## My spouse or domestic partner and I work for the same company. How does this work?

You can use the same reimbursement account for multiple people in your family. If you and your spouse or domestic partner work at the same company, and you use automatic submission for your health care FSA, there is one thing to think about. The same person should be the account holder for both the health care FSA and the health plan. For example, if you are the account holder for the medical plan, you should also be the account holder for the reimbursement account.

## I have a flexible spending account with HealthPartners. Now what?

One of the first things you'll want to do, if you haven't already, is create a *myHealthPartners* online account on [healthpartners.com/unitypointhealth](https://healthpartners.com/unitypointhealth). With an account, you can submit your expenses for reimbursement, check your account balance, and get information on your HealthPartners medical plan, if you have one. Go to [healthpartners.com/unitypointhealth](https://healthpartners.com/unitypointhealth) and select *Sign in* to create an account.

Or, better yet, download and log on to the **myHP mobile app**. You'll get all the same great features as on the web. Plus, you can submit reimbursement account expenses and documents with the snap of a photo.

After signing up for an account, you'll get a summary plan description (SPD) that explains the details of your plan. You can always call Member Services with any questions at (888)735-9200.

## What happens to the money in my account if I don't use it all in one year?

The IRS has a “use it or lose it” rule for flexible spending accounts. This means you'll lose any unused money that's still in your account at the end of the plan year. The IRS does allow employers to let you roll over up to \$550 of unused funds at the end of the Plan Year. UnityPoint Health lets you roll over your unused money in your health care FSA for next year.

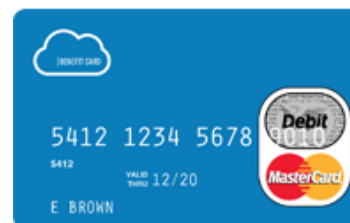
## How does a rollover work?

As long as you're still working at UnityPoint Health, unused health care FSA money, up to \$550, can be rolled over to the next plan year. This happens shortly after the plan year closes. Rollovers don't apply to dependent care.

## Your debit card

Watch the mail – your card will come in an envelope from HealthPartners.

The prepaid card is a Mastercard® that gives you an easy, automatic way to pay for eligible expenses. You can use the card to pay when you get care, pick up a prescription or for other eligible expenses. Your card works just like a Mastercard. If Mastercard is accepted, you can just swipe your card or write the number on the bill (if you get a bill for care). The amount of the eligible purchases will be deducted automatically from your account and the pre-tax dollars will go to the provider or merchant for payment.



## How do I activate the card?

When you get your card, just call the toll-free number on the activation sticker on the front. You'll get two cards in the mail – you only need to activate one. Just like any card, be sure to sign your name on the back. If someone else on your plan wants to use the second card, have them sign their own name on the back, even if your name is on the front.

## Do I need to wait for my contributions to be deposited before I can use the card?

If you have a health care or limited use FSA, the full amount that you decided to contribute will be deposited in your account at the beginning of the year. For example, if you decided to contribute \$50 each pay period, your account will have \$1,300 at the beginning of the year. That's the total amount that you have for the year as you use your card or submit a claim.

If you have a dependent care FSA, money is added to your account as it's taken out of your paycheck. For example, if you decide to contribute \$100 every pay period, or \$2,600 a year, you'll have to wait until your payroll deductions are made before the money's added to your account. You can only be reimbursed for expenses if there's money in your account. You might have to wait until a payroll deduction is made before you get your money back.

## Do I need a new prepaid card each year?

No, you don't need a new card each year. For health care or limited-use FSA, the card will be loaded with the new contribution amount at the start of each plan year. If you have a dependent care, the money will be loaded each pay period. The card will have an expiration date on it and a new card will be sent to you about 30 days before the old card expires.

## What can I use my flexible spending account for?

Depending on what account you elect, you could use your account for medical expenses, vision, dental or childcare.

### Health care FSA

For an FSA that covers your medical expenses, an eligible expense is an expense you pay for your health care needs. Prescriptions, copays, coinsurances, and deductibles are all eligible expenses.

Here are some examples of eligible expenses. A full list is available at [healthpartners.com/myfsa](https://healthpartners.com/myfsa).

- Doctor visits
- Prescriptions
- Glasses, contacts, or laser eye surgery/LASIK
- Medical equipment that you use at home

Dental care and vision care that aren't covered by a health plan are also eligible. Generally, deductions that qualify as medical expenses on your federal income taxes can be reimbursed through your FSA. You can log on to [healthpartners.com/myfsa](https://healthpartners.com/myfsa) to view a full list of common qualified expenses.

### Limited use FSA

If you contribute to a health savings account (HSA), you can still use an FSA. It's called a limited use FSA, and you can use it for dental and vision expenses.

### Dependent care

Childcare is expensive. By signing up for a dependent care flexible spending account you can reduce some of those costs by paying for them with pre-tax dollars. Here are some examples of expenses you can use a dependent care account for:

- In-home childcare
- Licensed day care and preschool
- Before or after school programs
- Elder care

There are some rules from the IRS about who can qualify as a dependent. They need to be one of the following:

- Your dependent and under the age of 13.
- A spouse or dependent who can't physically or mentally care for themselves, who has also lived with you for more than half the year.

If your child turns 13 this year, you can only submit expenses that happened before your child turned 13.

### Do I need to wait for my contributions to be deposited before I can use my money?

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If you have a dependent care FSA, money is added to your account as it's taken out of your paycheck. For example, if you decide to contribute \$100 every pay period, or \$2,600 a year, you'll have to wait until your payroll deductions are made before the money's added to your account. You can only be

reimbursed for expenses if there's money in your account. You might have to wait until a payroll deduction is made before you get your money back.

## How do I submit my expenses?

So how do you use your flexible spending account? There are a few easy ways to pay for expenses. UnityPoint Health provides a debit card to use when you need to pay. You can also manually submit expenses in the app, online, by mail or fax.

**The fastest way to get your reimbursement is to sign up for direct deposit into your designated bank account.** Forms and directions are available on [healthpartners.com/myfsa](http://healthpartners.com/myfsa). You can get a paper check mailed to you but reimbursements take up to two weeks to process. Requests are processed and paid on a weekly basis. When HealthPartners gets the reimbursement request, it can take five business days to pay, pend or deny the request.

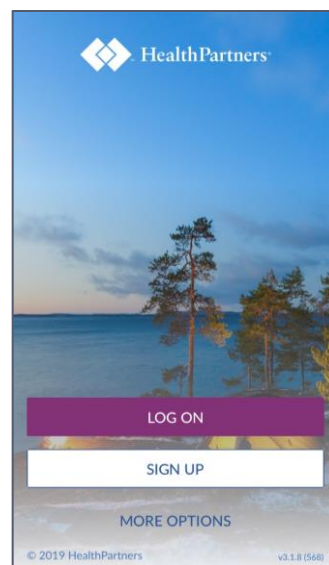
### Tips for submitting documentation:

- Keep all receipts.
- Read all letters and emails from HealthPartners. We'll let you know when documentation is needed.
- Send in documentation right away. Your account could be suspended if you wait too long.
- If you don't have a HealthPartners medical plan, make sure you have access to your Explanation of Benefits (EOB) for your medical claims.

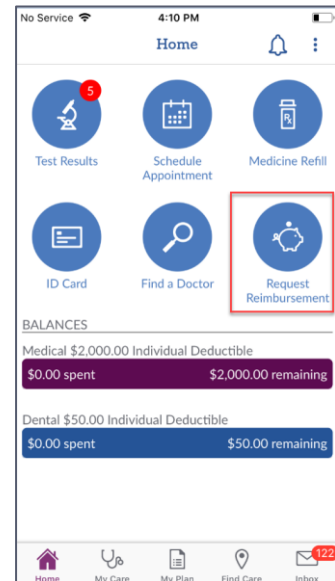
## App submission – how does it work?

In less than two minutes, you can submit your expenses from your account in the **myHP mobile app**. You should submit your expenses in the app or online if you don't have automatic submission for medical expenses, or dependent care reimbursement account.

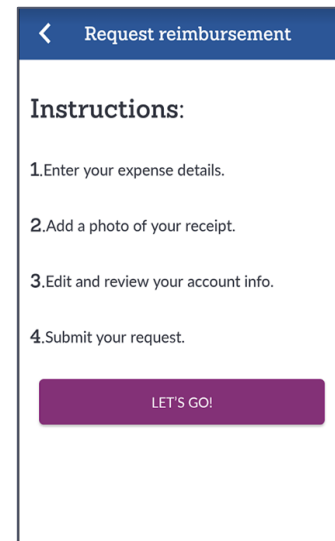
1. Download the **myHP mobile app** from the Apple App store or Google Play. Then log on with your username and password. You'll need to sign up for an account if you haven't already.



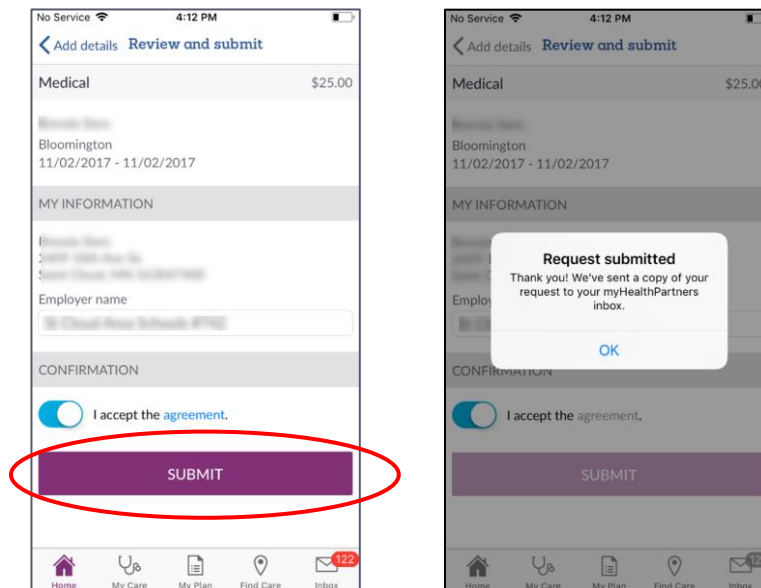
2. Select *Request Reimbursement*. If you have multiple accounts, select the one you're submitting an expense for.



3. Follow the steps to fill out the form and take or attach a photo of your document. If you have dependent care FSA, you might need to get a signature from your provider.



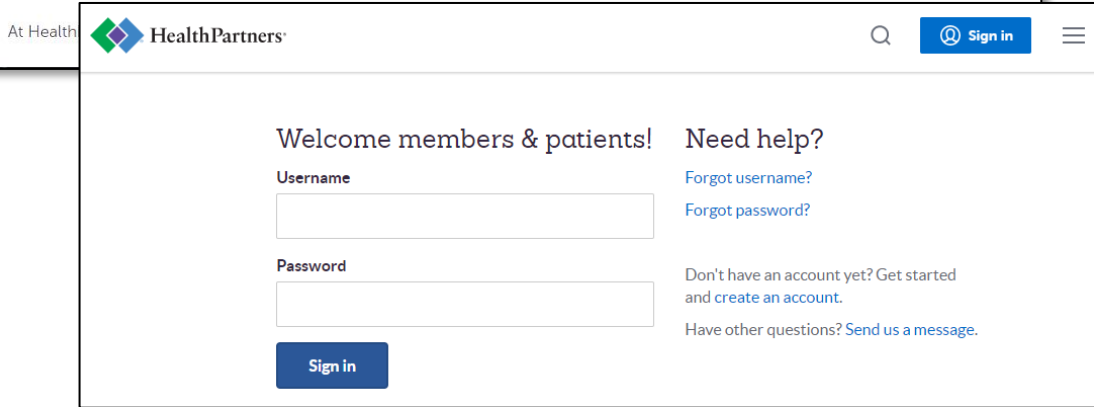
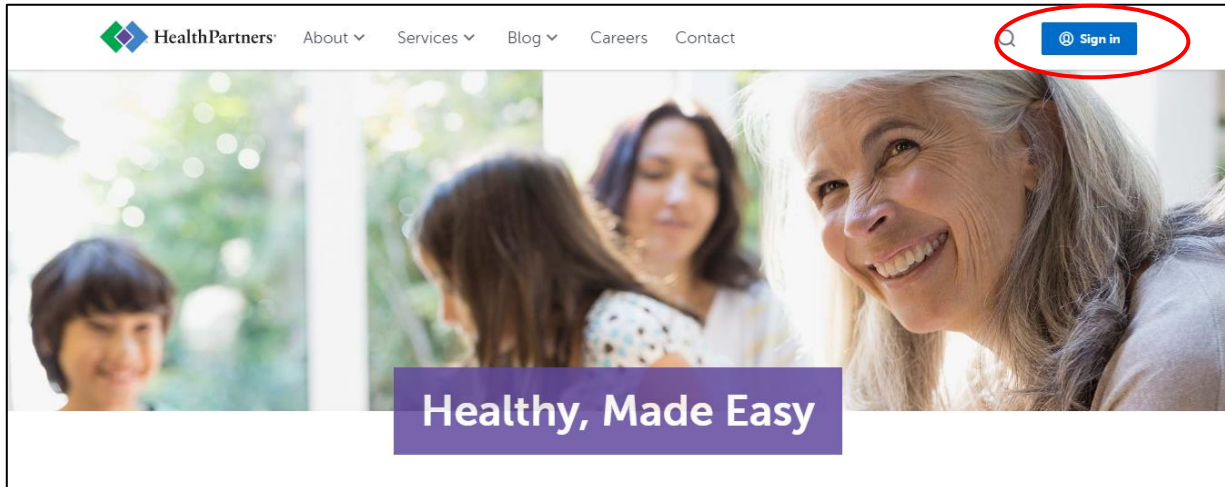
4. After you've uploaded a photo and completed the form, select *Submit*. Your claim form with attachment will be sent automatically to HealthPartners for processing.



#### Online submission – how does it work?

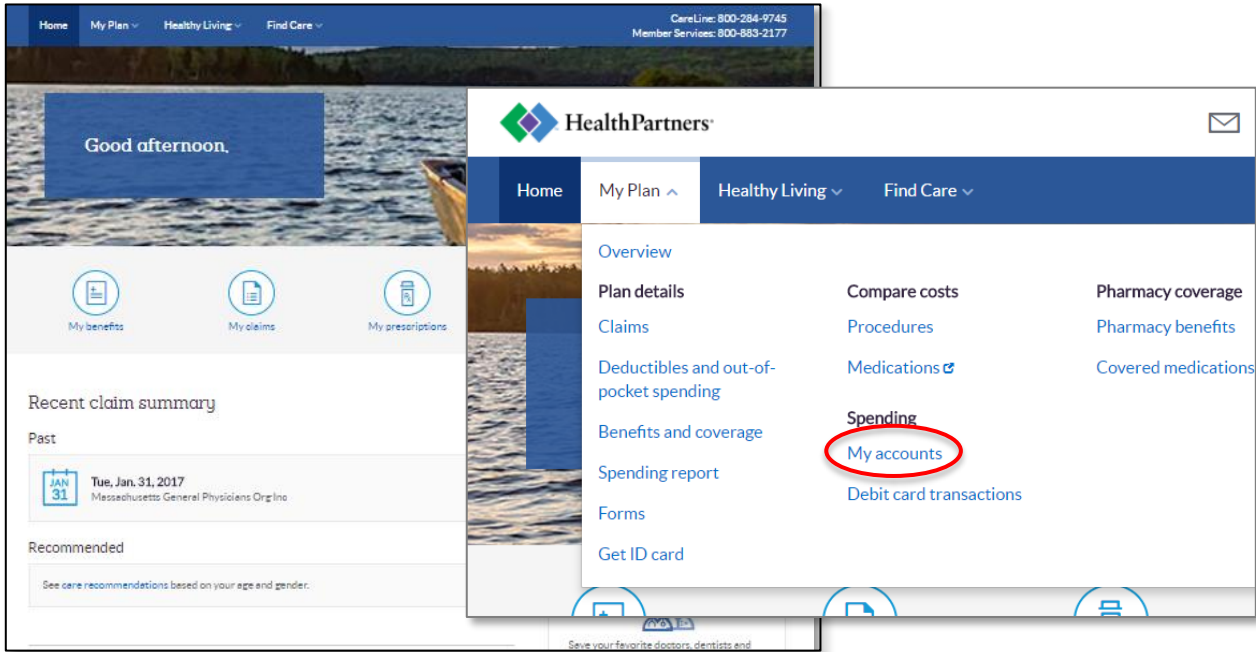
You can submit your expenses online in your account at [healthpartners.com](http://healthpartners.com). You should submit your expenses online or in the app if you don't have automatic submission for medical expenses or have a limited use or dependent care account.

1. Visit **healthpartners.com** and log on with your username and password. You'll need to create an account if you haven't already.





2. Go to the *My plan* tab, then select *My Accounts* under *Spending*.



3. If you have multiple accounts, select the one you're submitting an expense for. Select *Submit a claim for payment*.

The screenshot shows the 'My accounts' page on the HealthPartners website. At the top, there is a navigation bar with 'Home', 'My Plan', 'Healthy Living', and 'Find Care'. A search bar and contact information (CareLine: 800-284-9745, Member Services: 800-883-2177) are also present. The main heading is 'My accounts' with a sub-note 'Balances current as of September 11, 2017'. There are two main account sections:

- Limited Health Flexible Spending Account (Limited Health FSA):**
  - Available balance: \$0.00
  - Annual election: \$0.00
  - Payments: \$321.70
  - 200 days left to request payment (last day is March 31, 2018)
  - A button labeled 'SUBMIT A CLAIM FOR PAYMENT' is circled in red.
- Parking account:**
  - Available balance: \$16.96
  - Contributions: \$41.96
  - Payments: \$25.00
  - 200 days left to request payment (last day is March 31, 2018)
  - A button labeled 'SUBMIT A CLAIM FOR PAYMENT' is circled in red.

4. Follow the steps to fill out the form and attach your documents. If you have dependent care FSA, you might need to get a signature from your provider.
  - a. Fill out all the sections.

- b. Select the *Choose file* button to display the various files and select the document you would like to attach. This screen allows you to open a file that you have previously scanned or saved to your computer. Attachments need to be a PDF, TIFF, PNG, JPEG or BMP file type. If you attach a file with the wrong file type, you'll get an error message.

HealthPartners

Home My Plan Healthy Living Find Care

CareLine: 800-284-9745  
Member Services: 800-883-2177

Home / My claims / My accounts / Submit a health care reimbursement request

## Submit a health care reimbursement request

Do you have everything you need?

**Step 1.**  
Save your documentation electronically so it's easy to attach. You can take a photo of your documentation or scan your documentation (e.g., receipt.jpg). [See file types you can attach.](#)

**Step 2.**  
Enter all of your expenses in the form below.

**Step 3.**  
If you need your provider's signature, print the form the form and have your provider sign it. Attach the signed form to this saved request and attach it.

**Step 4.**  
Check to see the amount you've requested matches your documentation.

**Step 5.**  
Once you've added all your expenses, submit your reimbursement request.

### Your information

[Need to make changes?](#)

**Employer name (Required)**

### Expenses

**Expense item 1**

All fields are required unless indicated.

**Service type** **Provider or place of service**

Select one...

**Start Date** **End Date**

MM/DD/YYYY MM/DD/YYYY

5. After you've attached the documentation and completed the form, select *Review and send request*. Your claim form with attachments will be sent to HealthPartners for processing.

**Your name (Required)** **Submission date**

 10/26/2016

SAVE AND CONTINUE LATER REVIEW AND SEND REQUEST

Cancel Delete this request

## Mail or fax submission – how does it work?

For eligible expenses, you fill out a reimbursement expense claim form and send it to HealthPartners by mail or fax. Forms are online at [healthpartners.com/myfsa](https://healthpartners.com/myfsa) or you can call Member Services.

When you submit by mail or fax, include documents like:

- A health care Explanation of Benefits (EOB). If you have HealthPartners health insurance, you can find this online when you log on to your account. If you don't have HealthPartners health insurance, you should follow your health insurance company's process for obtaining EOBs.
- Detailed receipts
- Payment plan for regular expenses (like braces)
- Statement signed by the provider (for dependent care)

You can fax your submission to **952-883-5026** or **877-624-2287** or mail it to the address at the bottom of the form.

## Why does HealthPartners need proof of expenses/receipts?

Federal law requires that we make sure all reimbursement account expenses are eligible. If the IRS sees that an ineligible expense was reimbursed, the entire group could be taxed on the money they contributed to reimbursement accounts, not just the account that had an ineligible expense. That extra step can prevent you from potentially paying more on your taxes. Debit cards may be suspended if proper documentation is not returned within a timely manner and you may be taxed on the amount of the transaction.

## When do I have to submit documentation?

If you submit your expenses in the app, online, by mail or fax, you'll need to send documentation. If your account has automatic submission or you use a debit card, you usually won't need to give additional documentation. Sometimes, we can't verify these expenses and then you'd need to send documentation. We'll let you know if that happens.

## What kinds of documentation can I send?

For eligible health care expenses, send a copy of your receipt with your claim form. You'll also need to send one of the following:

1. A copy of your Explanation of Benefits (EOB) – the statement you get each time a medical or dental claim is sent to your health plan.
2. An itemized statement or receipt with:
  - Type of services provided (including prescription name)
  - Date of the service
  - Name of the person who received the service
  - Provider's name
  - Amount due after insurance

These types of documentation **can't** be used to verify your claims:

- Credit card receipts
- Cancelled checks

### Before you send your form – check for these common mistakes:

- Did you sign and date the form?
- Did you include all your documentation? If there's more than one expense listed on a receipt, be sure you circle each one. Don't highlight the expense items.
- Did you fill out the claim form completely?
- Does the documentation match the amount you're asking for?
- Did you keep a copy of your claim form?
- Did you send copies of your receipts? You'll want to keep the original receipts for your records.

- Billing statement showing a previous balance or amount due

For some expenses, additional information is needed from your doctor. This is required when the same service can be an eligible or non-eligible FSA expense based on if it's medically needed. If it's needed, you'll need to provide a Letter of Medical Necessity (LMN) from your doctor. You can find this form on [healthpartners.com/myfsa](https://healthpartners.com/myfsa). Common expenses that require an LMN include chiropractic care, massage therapy, some over-the-counter (OTC) items, and weight loss programs.

### Can I use my flexible spending account for OTC medicine, and how do I get reimbursed for it?

Yes, you can use your health care FSA for over-the-counter (OTC) medicines in some cases. You need a prescription from your doctor or provider for eligible medicines, such as cold medicine and pain relievers. This is required by the IRS. For OTC non-medicine, such as bandages or contact solution, usually only a detailed receipt is needed.

## Using your debit card for flexible spending account purchases

### Where can I use the card?

The card can be used to pay for eligible expenses where Mastercard® is accepted. Be sure to check your plan documents or visit [healthpartners.com/myfsa](https://healthpartners.com/myfsa) for a complete list of eligible expenses.

If your card isn't accepted, you can submit claims in the app, online or by mail or fax. You can find forms at [healthpartners.com/myfsa](https://healthpartners.com/myfsa) or by calling Member Services.

### How will the card work in participating pharmacies, discount stores, department stores and supermarkets?

Using the card is as simple as any other debit or prepaid card you may have used. It can only be used for eligible expenses, so if you have other items that aren't covered, you'll be asked for a different payment method for them.

1. Bring prescriptions and other purchases to the register.
2. Use your card for payment.
3. If the transaction is approved (there needs to be enough money for reimbursement account eligible items), the amount is deducted from your account.
4. If you have non-FSA items, you'll need to pay for them a different way.
5. If the transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
6. Keep your receipt. It will identify the reimbursement account eligible items and may also show a subtotal of the reimbursement account eligible purchases.

Be sure to save your receipts for reimbursement account purchases made with your debit card. In some cases, you may be asked to verify that your expenses comply with IRS rules. Receipts must show:

- The merchant or provider name
- The service or item received
- The date and amount of purchase

If more information is needed, HealthPartners will send you a letter detailing the transaction and what additional documents are needed.

These transactions are validated based on the provider's system. If the card is used at a provider with an eligible code, the transaction will go through and be considered valid by the IRS. If a provider's system

can't validate the expense, your card won't work and you'll need to submit that expense either in the app, online, by mail or fax.

The card is a prepaid card. But, since there is no "prepaid" selection available, select "Credit" if you are asked. You don't need a PIN number and you can't get cash with the card.

### **How long do I have to use my debit card for this year's expenses?**

You can't use your debit card for expenses once the plan year has ended. For example, you can't use the card in 2023 for 2022 expenses. If you still have 2022 expenses to submit in 2023, you'll need to do it in the app, online, by mail or fax.

### **Why do I have to submit documentation for expenses at my doctor, dentist, or pharmacy?**

When the usual processes can't verify your expense, additional documentation is needed. Some reasons are:

- Delay in information to verify purchase
- Missing information on a claim
- Debit card purchase at a provider that can't verify an expense

### **What if my card isn't accepted at a location?**

The card won't be accepted at locations that don't offer the eligible health care services, such as hardware stores, restaurants, bookstores, gas stations and home improvement stores.

The most common reasons why a card may be declined are:

- The card hasn't been activated.
- There isn't enough money in the reimbursement account to cover the expenses.
- Non-qualified expenses have been included in the transaction. (Try again with only the qualified expense.)
- The merchant is encountering system problems.
- The pharmacy, discount store, department store or supermarket can't identify reimbursement eligible items at checkout according to IRS rules.

### **Why do you request an EOB when I have HealthPartners insurance?**

We attempt to automatically validate expenses using your EOBs. When you use your debit card to pay, the amount needs to match the EOB exactly. If they don't match exactly, or if you paid more than 90 days after the service, it may not validate automatically. In that case, we may ask you for the EOB. All of your EOBs are available online in your [healthpartners.com/unitypointhealth](https://healthpartners.com/unitypointhealth) account. You can also contact Member Services to request an EOB.

### **How and when is my reimbursement coming?**

**The fastest way to get your reimbursement is to sign up for direct deposit.** Forms and directions are available on [healthpartners.com/myfsa](https://healthpartners.com/myfsa). You can get a paper check, but reimbursements take up to two weeks to process. Requests are processed and paid on a weekly basis. When HealthPartners gets the reimbursement request, it can take five business days to pay, pend or deny the request.

If you have a dependent care account, you may need to wait for your payroll deductions to take place before you get a reimbursement. In those cases, how fast you get your reimbursement depends on your payroll schedule.

Your account has \$20 minimum for reimbursement. If it's less than this, your reimbursement request will be held until you meet this amount. For example, if a prescription is \$15, you'll need to submit another \$5 or more in eligible expenses to get your reimbursement. This doesn't apply if you have a debit card – you can use your card for any amount, and it will be deducted from your account as long as money is available.

### **What happens if I submit for expenses and I don't have enough money in the account?**

You should submit the total expense for services or dates that have already taken place. For medical expenses, HealthPartners will reimburse you up to the amount you chose to contribute for the year. If you have a dependent care FSA, you'll be reimbursed up to the amount in your account. Since deductions are based on your payroll dates, you may need to wait until the next pay period to get your reimbursement. Claim submitted by 12 p.m. on Thursday are typically reimbursed the following week when funds are available in your account.

In this example, we chose to deduct \$192 biweekly (26 pay periods) for a total of \$4,992 in the dependent care account. Day care charges are \$200 each week, and \$800 each month.

DAY CARE REIMBURSEMENT EXAMPLE	
January day care charges (submitted at the end of the month)	\$800
January payroll deductions (2 deductions of \$192 each)	\$384
Amount reimbursed at the end of the month	\$384
Amount remaining in account	\$0
Amount remaining on submission	\$416

If you have expenses that are higher than what's available in your account, that money will be reimbursed once there's a payroll deduction. If you continue to submit expenses, the amount pending will continue to increase. You'll be reimbursed as payroll deductions are made. Remember, you can contribute a maximum of \$5,000 each year.

### Something's not working. Now what?

For basic information and forms, visit [healthpartners.com/myfsa](http://healthpartners.com/myfsa) or call Member Services. They're available Monday through Friday from 7 a.m. to 7 p.m. CT at **(888) 735-9200**.

Be sure to check your online account for messages. We'll also send an email to your personal email address when you have a new message. These messages may be used when requesting additional documentation or if there's an issue with a claim.

### Why haven't I gotten my reimbursement yet?

Reimbursements can take up to two weeks to process. Your reimbursement request could be declined or postponed if you don't have enough money in your flexible spending account. There are a few reasons this could happen. You may have already spent all the money you elected to set aside. For health care and limited use FSAs, the full amount is added at the beginning of the year, but once you've spent it all, it's gone.

If you have a dependent care account, requests are only reimbursed up to the amount that's been deposited. Deposits are made with each payroll, so you might need to wait until your next payday to get reimbursed.

You can keep up with your current balances and reimbursement requests in your **myHP app** or online account at [healthpartners.com/unitypointhealth](http://healthpartners.com/unitypointhealth).

### **Why isn't my debit card working?**

If a debit card purchase works at the point of sale, the purchase might still need to be verified as an eligible expense. If a debit card purchase can't be verified as a valid reimbursement expense, HealthPartners will notify you for more documentation. The account will be suspended if documentation isn't received within 30 days after two requests for documentation.

It could also be suspended if an ineligible expense was paid for with your card. If this happens, you'll need to pay back the flexible spending account (or it will be deducted from a future reimbursement). If the amount is not paid back and HealthPartners is not able to deduct from a future reimbursement, you may be taxed on the amount of the transaction.

### **How do I un-suspend my flexible spending account?**

A flexible spending account can be un-suspended once you provide the requested documentation for the purchase in question. If an ineligible expense was paid for, it will be un-suspended once the flexible spending account is paid back.

### **What if I lose my receipts or I accidentally swipe the card for something that's not eligible?**

Usually, the service provider can recreate an account history and provide a replacement receipt. In rare cases when a receipt can't be located, recreated, or if the expense is ineligible for reimbursement, you may need to pay back the reimbursement. You can send a check or money order to HealthPartners for the amount so it can be credited back to your flexible spending account. The ineligible amount may be taken out of future claim reimbursements too. If the amount is not paid back and HealthPartners is not able to deduct from a future reimbursement, you may be taxed on the amount of the transaction.

### **What if I lose my debit card?**

If you lose your card or it's stolen, call HealthPartners as soon as you realize it's missing. HealthPartners can turn off your current card and issue a replacement. There is no fee for a lost or stolen card. If we're notified within two business days, you won't be responsible for any charges made to the card. If you don't let us know that the card was lost or stolen within two days, you might be responsible for a portion of the charges (if any were made).

### **What if I need more than two debit cards?**

You can order additional cards for a small fee, which will be deducted directly from your account. Just call Member Services.

Remember, we're here to help. If you have any questions about your flexible spending account, or other plan and care questions, call Member Services Monday through Friday from 7 a.m. to 7 p.m. CT. They're available at **(888) 735-9200**.

